RELEASE, WAIVER, AND HOLD HARMLESS AGREEMENT

WHEREAS, the Pendleton County Fiscal Court ("County") and/or the Pendleton County Office of Emergency Management of Falmouth, Pendleton County, Kentucky intends to conduct a disaster exercise wherein individuals, community groups and/or organizations are given the opportunity to volunteer to help out in various ways during an exercise scenario within Pendleton County, and

WHEREAS, the benefit to the individuals, groups and/or organizations is helping their community be better prepared to respond to and recover from a disaster, and

WHEREAS, these individuals, groups and/or organizations recognize that they and their participants are, in effect, independent service providers for which the County and Emergency Management have no responsibility, and

FURTHER, the County, Emergency Management, and the undersigned recognize that some individuals may be minors and/or groups or organizations may utilize minors in the performance of their volunteer duties, and

WHEREAS, all recognize that should any such individual be a minor or a group or organization utilize minors, that the individual and/or coordinators of the group or organization will obtain the permission of a parent or guardian before the minor or dependent child is allowed to participate, and

WHEREAS, the County and Emergency Management expect that a parent or guardian will sign this Release for himself, herself, and his or her minor dependent child or ward,

NOW THEREFORE, if applicable, th	e undersigne	d gives permission for
Dependent C	Childs Name	
to participate in the events in	volving the I	Pendleton County Disaster exercise, and
its or their successors, assigns, agents, officers, a County Disaster Exercise, in the event of accident Further, we agree to indemnify and hole	and/or employ nt or injury, a d harmless the n any liability	e said County, Emergency Management, or its successors, they may incur by virtue of any actions taken by the
Dated this day of		
		Individual Sign
Witness Printed Name		Parent/Guardian Printed Name
Witness Signature		Parent/Guardian Signature

Name of Group/Organization